

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000003834

1. Entity Name

THE RBA GROUP, INC.

**FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90071 014 \*\*\*150.00

Principal Place of Business

Mailing Address

1 EVERGREEN PLACE  
MORRISTOWN NJ 07962

1 EVERGREEN PLACE  
MORRISTOWN NJ 07960-4012

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

22-1854980

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TEDESCHI, ALAN  
7213 S.W. 3RD COURT  
NORTH LAUDERDALE FL 33068

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME PC PRESIDENT  
STREET ADDRESS GARRO, WILLIAM PE, PP  
CITY-ST-ZIP RD #4, 136 OLD DENVILLE ROAD  
BOONTON NJ 07005

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME VP  
STREET ADDRESS HARRIS, DONALD C  
CITY-ST-ZIP 4338 ARBOR BRIDGE DR  
MARIETTA GA

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME VP  
STREET ADDRESS MAVIS, ANTHONY  
CITY-ST-ZIP 566 PARK AVE  
CEDARHURST NY

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME EVP  
STREET ADDRESS GAGE, JAMES R PE  
CITY-ST-ZIP 53 DEERPATH DRIVE  
FLNDERS NJ

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME T  
STREET ADDRESS ELLIS, ROBERT M.  
CITY-ST-ZIP 62 ANN ROAD  
LONG VALLEY NJ 07853

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME DAO  
STREET ADDRESS MCGOVERN, DANIEL  
CITY-ST-ZIP 244 S PLEASANT AVE  
RIDGEWOOD NJ

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/00

(973) 898-0300

Date

Daytime Phone #

CR2E034 (9/99)